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APPLICANTS

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 ** CONTINUING DATA *****

This application is a CON of 10/704,376 11/07/2003

 AA
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature: <u>Allyn M. Del...</u> Initials: _____	STATE OR COUNTRY CA	SHEETS DRAWING 31	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
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TITLE

Cardiac harness for treating congestive heart failure and for defibrillating and/or pacing/sensing

FILING FEE RECEIVED 646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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